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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/782,685	02/13/2001	Roy Hays	181138002US1	9957

7590 10/27/2009

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EXAMINER	
TRAN, PHILIP B	
ART UNIT	PAPER NUMBER
2455	

MAIL DATE	DELIVERY MODE
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/782,685	HAYS ET AL.	
	Examiner	Art Unit	
	Philip B. Tran	2455	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *24 June 2009*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *6/24/09*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

Response to Amendment

Notice to Applicant

1. This communication is in response to Amendment filed 23 June 2009. No claim has been amended or newly added. Therefore, claims 1-20 are pending for further examination.

Claim Rejections - 35 USC § 102

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

3. Claims 1, 3, 5-9, 13-14, 16 and 18-19 are rejected under 35 U.S.C. 102(b) as being anticipated by Peifer et al (Hereafter, Peifer), U.S. Pat. No. 5,987,519.

Regarding claim 1, Peifer teaches a method in a computer system for distributing user information for registered users from the computer system to collection kiosks (e.g., a telemedicine system for communicating medical data between a central monitoring station and a remote-located patient monitoring station) [see Abstract and Fig. 1], the method comprising:

providing user information for registered users (e.g., providing users for accessing to medical files maintained at the server) [see Col. 9, Lines 30-37]; and

for each of the collection kiosks (e.g., patient monitoring stations 18, etc.) [see Fig. 1],

sending to the collection kiosk the user information (e.g., providing access to medical files) [see Col. 9, Lines 30-37]; and

storing the user information at the collection kiosk, wherein the collection kiosks use the user information to verify whether users of the collection kiosks are registered (e.g., storing medical files on the server and there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37].

Peifer further teaches receiving and generating update user information (e.g., update patient measurement data) [see Col. 9, Lines 30-37].

In addition, Peifer further teaches the collection kiosks located in publicly accessible locations having measurement devices (e.g., medical devices 28-30) for allowing the registered users to measure their own bodily readings (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) at the collection kiosks [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

Regarding claim 3, Peifer further teaches the method of claim 1 wherein the received update user information includes indications of whether to add a registered user, delete a registered user, or change information relating to a registered user (e.g., update patient measurement data) [see Col. 9, Lines 30-37].

Regarding claim 5, Peifer further teaches the method of claim 1 wherein the user information includes a user identifier and a password (e.g., the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37].

Regarding claim 6, Peifer teaches a method in a collection kiosk for retrieving updated user information (e.g., a telemedicine system for communicating medical data between a central monitoring station and a remote-located patient monitoring station) [see Abstract and Fig. 1]:

providing user information for registered users (e.g., providing users for accessing to medical files maintained at the server) [see Col. 9, Lines 30-37];

sending a request for user information and in response to sending the request, receiving the user information (e.g., providing access to medical files) [see Col. 9, Lines 30-37]; and

storing the updated user information at the collection kiosk for subsequent requests wherein the collection kiosk can verify whether a user of the collection kiosk is registered (e.g., storing medical files on the server and there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37].

Peifer further teaches updating the provided user information for the registered user in accordance with the received updated user information (e.g., update patient measurement data) [see Col. 9, Lines 30-37].

In addition, Peifer further teaches the collection kiosks located in publicly accessible locations having measurement devices (e.g., medical devices 28-30) for allowing the registered users to measure the user's own bodily readings (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) at the collection kiosks [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

Regarding claim 7, Peifer teaches an information collection system (e.g., a telemedicine system for communicating medical data between a central monitoring station and a remote-located patient monitoring station) [see Abstract and Fig. 1] comprising:

a central computer system for a web site (e.g., server), the central computer system providing a repository for the information, web pages for registering users of the web site (e.g., storing medical files on the server and there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37] and web pages for accessing the information (e.g., providing access to medical files by using Internet) [see Abstract and Col. 9, Lines 30-37]; and

a plurality of collection kiosks (e.g., patient monitoring stations 18, etc.) [see Fig. 1], for collecting information about users for verifying whether a user is registered at the web site (e.g., there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37], and for sending the collected information to the central computer system when the user is registered (= sending patient measurement data to the server) [see Col. 9, Lines 6-37].

In addition, Peifer further teaches the collection kiosks located in publicly accessible locations having measurement devices (e.g., medical devices 28-30) for allowing the registered users to measure the user's own bodily readings (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) at the collection kiosks [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

Regarding claim 8, Peifer further teaches the information system of claim 7 wherein the information is medical information (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

Regarding claim 9, Peifer teaches a computer-based method for collecting medical information of users of a web site (e.g., a telemedicine system for communicating medical data between a central monitoring station and a remote-located patient monitoring station) [see Abstract and Fig. 1], the method comprising:

registering the users at the web site when information about a user is collected at one of a plurality of collection kiosks, determining whether the user is registered at the website (e.g., there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37], and

when registered, sending the collected information to a computer system so that the collected information is accessible to the user through the web site (e.g., providing access to medical files stored on the server by using Internet) [see Abstract and Col. 9, Lines 30-37].

In addition, Peifer further teaches the collection kiosks located in publicly accessible locations having measurement devices (e.g., medical devices 28-30) for allowing the registered users to measure the user's own bodily readings (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) at the collection kiosks [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

Regarding claim 13, Peifer further teaches the information collection system of claim 7 wherein:

the information comprises medical information (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) specific to the registered users (e.g., the identity of the patient to whom the data corresponds and other types of information are provided) [see Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 6-28];

the central computer system further is for receiving the user information from the collection kiosks, and for each of the collection kiosks (e.g., patient monitoring stations 18, etc.) [see Fig. 1], receiving a request from the collection kiosk for the generated user information and sending to the requesting collection kiosk the user information (e.g., storing medical files on the server and providing access to medical files) [see Col. 8, Line 48 to Col. 9, Line 37].

Peifer further teaches receiving and generating update user information (e.g., update patient measurement data) [see Col. 9, Lines 30-37].

Regarding claim 14, Peifer further teaches the method of claim 1, wherein said storing of the update user information provides the collection kiosk with a current local list of all of the registered users (e.g., identity of patient) [see Col. 8, Line 48 to Col. 9, Line 37].

Regarding claim 16, Peifer further teaches the method of claim 6, wherein said storing of the update user information provides the collection kiosk with a current local list of all of the registered users (e.g., identity of patient) [see Col. 8, Line 48 to Col. 9, Line 37].

Regarding claim 18, Peifer further teaches the method of claim 6, wherein the user information includes a user identifier and password (e.g., the identity of the patient

to whom the data corresponds and other types of information are provided) [see Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37].

Regarding claim 19, Peifer further teaches the information collection system of claim 7, wherein said central computing system provides the collection kiosks with a current local list of all of the registered users (e.g., identity of patient) [see Col. 8, Line 48 to Col. 9, Line 37].

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

5. Claims 4, 10-12, 15, 17 and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al (Hereafter, Peifer), U.S. Pat. No. 5,987,519.

Regarding claim 4, Peifer does not explicitly teach the method of claim 1 wherein a collection kiosk sends a request for the generated update user information once a day. However, it would have been obvious to one skilled in the art to do updating once a day in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 10, Peifer does not explicitly teach the method of claim 1 wherein a collection kiosk automatically sends a request for the generated update user information periodically. However, it would have been obvious to one skilled in the art to do updating periodically in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claims 11-12, Peifer does not explicitly teach the method of claim 6 wherein said sending a request for updated information is automatic and performed periodically or daily. However, it would have been obvious to one skilled in the art to do updating periodically or daily in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 15, Peifer does not explicitly teach the method of claim 1, wherein the publicly accessible locations comprise at least one of drug stores and

pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 17, Peifer does not explicitly teach the method of claim 6, wherein the publicly accessible locations comprise at least one of drug stores and pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

Regarding claim 20, Peifer does not explicitly teach the information collection system of claim 9, wherein the publicly accessible locations comprise at least one of drug stores and pharmacies. However, it would have been obvious to one skilled in the art to realize that the publicly accessible locations may include a place such as drug store or pharmacy in order to ensure that the medical records and data information are readily available and easily accessible to the users/patients upon demand.

6. Claim 2 is rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al (Hereafter, Peifer), U.S. Pat. No. 5,987,519 in view of McMillan, U.S. Pat. No. 5,826,267.

Regarding claim 2, Peifer does not explicitly teach the method of claim 1 wherein the collection kiosks operate as FTP clients and the computer system operates as an FTP server. However, McMillan, in the same field of client-server architecture with information kiosk endeavor, discloses the use of File Transfer Protocol (FTP) known as one of Internet client/server protocol [see McMillan, Col. 2, Lines 1-15]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the implementation of File Transfer Protocol (FTP), disclosed by McMillan, into the system of registry information to collect information from kiosks for storing in the central server disclosed by Peifer, in order to enable the user to efficiently upload and download files to and from a remote FTP site over the network such as the Internet.

Response to Arguments

7. Applicant's arguments have been fully considered but they are not persuasive because of the following reasons:

A- Applicant argues that "*Peifer does not disclose or reasonably suggest kiosks or locating the kiosks in publicly accessible locations. In this regard, Peifer is cumulative of other cited art, such as Warner, which was applied in previous office actions and successfully distinguished by Applicant. Peifer clearly contemplates the placement of the "patient monitoring stations 18" in the patient's home. Column 1, lines 56-59 state that the "use of telemedicine could allow these measurements to be taken at the patient's home while the healthcare worker observed the patient or the measurement data from the healthcare center." (Emphasis added.) Further, Peifer characterizes its*

invention as in improvement over U.S. Patent No. 5,441,047 and U.S. Patent No. 5,4345,611, each of which is described as disclosing a system which operates patient monitoring stations from the patient's home. See column 2, lines 24 and 43" [Remarks on Pages 2-3].

The examiner respectfully disagrees. Based on the broadest reasonable interpretation, Peifer still teaches a method in a computer system for distributing user information for registered users from the computer system to collection kiosks. That is, a telemedicine system for communicating medical data between a central monitoring station and a remote-located patient monitoring station [see Peifer, Abstract and Fig. 1], the method comprising providing user information for registered users, for example, providing users for accessing to medical files maintained at the server [see Peifer, Col. 9, Lines 30-37], and for each of the collection kiosks such as patient monitoring stations 18, etc. [see Peifer, Fig. 1], sending to the collection kiosk the user information such as providing access to medical files [see Peifer, Col. 9, Lines 30-37].

In addition, Peifer teaches storing the user information at the collection kiosk, wherein the collection kiosks use the user information to verify whether users of the collection kiosks are registered. For example, Peifer discloses storing medical files on the server and there is inherently user authentication/authorization process to log on the system since the identity of the patient to whom the data corresponds and other types of information are provided [see Peifer, Figs. 1-2 and Col. 8, Line 48 to Col. 9, Line 37]. Also, Peifer further teaches receiving and generating update user information, for example, updating patient measurement data [see Peifer, Col. 9, Lines 30-37].

More importantly, Peifer further teaches the collection kiosks (e.g., patient monitoring stations 18) located in publicly accessible locations having measurement devices (e.g., medical devices 28-30) for allowing the registered users to measure their own bodily readings (e.g., blood pressure data, temperature data, pulse oximetry data, etc.) at the collection kiosks [see Peifer, Fig. 2 and Col. 6, Lines 37-56 and Col. 9, Lines 19-21].

On the contrary to applicant's argument, Peifer clearly teaches the patient monitoring stations 18 and the central monitoring stations 11 (i.e., collections kiosks) can be located at any location (emphasis added) [see Peifer, Col. 5, Lines 40-43]. Therefore, Peifer does suggest that collection kiosks can be located in the publicly accessible locations.

Claims 2-5, 10 and 14-15 depend on independent claim 1 and therefore are rejected at least by virtue of their dependency on independent claim and by other reasons set forth above in the rejection portion.

B- Applicant argues that claim 6 recites that updated user information is stored at the collection kiosk for subsequent requests and no such teaching is provided in Peifer [Remarks on Page 4].

The examiner respectfully disagrees. Based on the broadest reasonable interpretation, Peifer still teaches a medical file maintained for the patient (i.e., user's information) at the central monitoring station 11 is being updated to reflect the received measurement and can be accessed by the patient monitoring stations 18 (i.e., collection

kiosk is a system that includes patient monitoring stations 18 and the central monitoring station 11) [see Col. 9, Lines 30-35].

Claims 11-12 and 16-18 depend on independent claim 6 and therefore are rejected at least by virtue of their dependency on independent claim and by other reasons set forth above in the rejection portion.

C- Applicant argues that with respect to dependent claims 14, 16 and 19, Peifer does not disclose storing a current local list of all registered users [Remarks on Page 4].

The examiner respectfully disagrees. Based on the broadest reasonable interpretation, Peifer still teaches a medical file maintained for the patient (i.e., user's information and, of course, includes a list of all registered users) at the central monitoring station 11 is being updated to reflect the received measurement and can be accessed by the patient monitoring stations 18 (i.e., collection kiosk is a system that includes patient monitoring stations 18 and the central monitoring station 11) [see Col. 9, Lines 30-35].

Applicant does not have any other specific arguments about other claims such as claims 7-9, 13 and 20 and therefore these claims are rejected by reasons set forth above in the rejection portion.

In view of the foregoing, the examiner asserts that the cited reference (Peifer et al, U.S. Pat. No. 5,987,519) does teach or suggest the subject matter recited in independent claim. Accordingly, the examiner respectfully maintains the rejections for claims 1-20 as shown above.

Conclusion

8. THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CAR 1.136(a).

A SHORTENED STATUTORY PERIOD FOR REPLY TO THIS FINAL ACTION IS SET TO EXPIRE THREE MONTHS FROM THE MAILING DATE OF THIS ACTION. IN THE EVENT A FIRST REPLY IS FILED WITHIN TWO MONTHS OF THE MAILING DATE OF THIS FINAL ACTION AND THE ADVISORY ACTION IS NOT MAILED UNTIL AFTER THE END OF THE THREE-MONTH SHORTENED STATUTORY PERIOD, THEN THE SHORTENED STATUTORY PERIOD WILL EXPIRE ON THE DATE THE ADVISORY ACTION IS MAILED, AND ANY EXTENSION FEE PURSUANT TO 37 CAR 1.136(A) WILL BE CALCULATED FROM THE MAILING DATE OF THE ADVISORY ACTION. IN NO EVENT, HOWEVER, WILL THE STATUTORY PERIOD FOR REPLY EXPIRE LATER THAN SIX MONTHS FROM THE MAILING DATE OF THIS FINAL ACTION.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Philip Tran whose telephone number is (571) 272-3991. The Group fax phone number is (571) 273-8300. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Saleh Najjar, can be reached on (571) 272-4006.

10. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

/Philip B Tran/
Primary Examiner, Art Unit 2455
Oct 13, 2009